

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

Application or Docket Number

08/676355

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	29	minus 20 = *
INDEPENDENT CLAIMS		minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	440
	375.00
x\$11=	99
x39=	
+125=	
TOTAL	539

RATE	FEE
	750.00
x\$22=	
x78=	
+250=	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM?				

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

*27*  
*9/9*  
*9/9-00 493*  
*08/676 355*  
*9/9/96*  
*56*

1 Date of Request: _____		2 Serial/Patent # _____							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/>	Filing <i>971</i>	<i>1</i>	<i>1954/96</i>						
<input checked="" type="checkbox"/>	Amendment <i>967</i>	<i>1</i>	<i>1954/96</i>						
	Extension of Time								
	Notice of Appeal/Appeal								
	Petition								
	Issue								
	Cert of Correction/Terminal Disc.								
	Maintenance								
	Assignment								
<input checked="" type="checkbox"/>	Other <i>904</i>	<i>1</i>	<i>1954/96</i>						
		7 TOTAL AMOUNT OF REFUND							
		\$ <i>604</i>							
10 REASON:		8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check						
<input checked="" type="checkbox"/>	Duplicate Payment		Credit Deposit A/C #:						
	No Fee Due (Explanation):	9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>				--			
		--							
<i>SMALL ENTITY</i>									
<i>EP SEARCH</i>									
11 REFUND REQUESTED BY: <i>V. WALLACE</i>									
TYPED/PRINTED NAME:		TITLE: <i>Ref</i>							
SIGNATURE: <i>Stephanie Dillingham</i>		PHONE: <i>305 5736</i>							
OFFICE:									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <i>Stephanie Dillingham</i>		DATE: <i>9-5-96</i>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: